



U.S. Department of State
**INSTRUCTIONS FOR ASSISTANCE AWARD
PROPOSAL COVER SHEET**

*OMB APPROVED NO. 1405-0115
EXPIRATION DATE: 03/31/2005
ESTIMATED BURDEN: 1 Hour

1. Date application submitted to Federal agency.
2. Reference number of program listed in the solicitation.
3. If this proposal is requesting an amendment to continue or revise an existing grant agreement, enter the agreement's Federal identifier number. If the proposal is requesting funds for a new project, leave blank.
4. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name, telephone and fax number, and Internet address (optional) of program contact person.
5. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
6. Enter the appropriate letter in the space provided.
7. Check the appropriate box.

☐ "New" - new assistance award.

☐ "Continuation" - extension for an additional funding/budget period for a project with a projected completion date.

☐ "Revision" - any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

8. Enter a brief descriptive title of the project.
9. List only the largest political entities affected (e.g. Geographic areas, Foreign countries, Regions, Cities).
10. Self-explanatory. Use space provided.
11. Indicate the start and end dates when assistance award funds will be expended for the project.
12. Indicate applicant organization's J-1 visa designation number.
13. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include audit disallowances, loans and taxes.
14. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. If a category does not apply to proposal submission, leave blank.
15. The authorized representative of the applicant completes and signs.

*Public reporting burden for this collection information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number.

U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) has well-established procedures for internal Bureau grant review. The procedures respond to the need to provide consistent, fair, and quality decision-making regarding the relatively high volume of funding requests submitted to the Bureau. Information concerning grant requests is also essential in view of the Bureau's interest in the integrity of the review process. This information collection is intended to assist in compliance with goals established for the Bureau by the Fullbright-Hays Act, P.L. 87-256, to increase mutual understanding between the peoples of the United States and peoples of other countries by means of educational and cultural exchange. The Bureau reviews each grant application for compliance with established procedures. The applications are then screened by a panel for approval or disapproval for funding. Grants are not given to projects that essentially for research, to fund publications, or finance the policy views of foreign governments. This information collection is necessary to maintain the grant application process for ECA programs.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: A/RPS/DIR, U. S. Department of State, Washington, DC 20520.

ASSISTANCE AWARD PROPOSAL COVER SHEET

*OMB APPROVED NO. 1405-0115
EXPIRATION DATE: 05/31/2001
ESTIMATED BURDEN: 1 Hour

1. DATE SUBMITTED (mm-dd-yyyy)	2. REFERENCE NUMBER	3. GRANT NUMBER
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4. APPLICANT INFORMATION

LEGAL NAME	ORGANIZATIONAL UNIT
ADDRESS (City, State, Zip)	Name, telephone and fax number (with area code) of the person to be contacted on matters involving this application

5. EMPLOYER IDENTIFICATION NUMBER (EIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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6. CHECK TYPE OF APPLICANT <input type="checkbox"/> State <input type="checkbox"/> Special District <input type="checkbox"/> Individual <input type="checkbox"/> County <input type="checkbox"/> Independent School District <input type="checkbox"/> Non-Profit Org. <input type="checkbox"/> Municipal <input type="checkbox"/> State Controlled Inst. of Higher Learning <input type="checkbox"/> Township <input type="checkbox"/> Private University <input type="checkbox"/> Other (Specify) _____	7. CHECK TYPE OF APPLICANT <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, check appropriate box(s) <input type="checkbox"/> Increase Award <input type="checkbox"/> Increase Duration <input type="checkbox"/> Decrease Award <input type="checkbox"/> Decrease Duration <input type="checkbox"/> Other _____
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8. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	9. AREAS/COUNTRIES AFFECTED BY PROJECT
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10. PROJECT DESCRIPTION:

11. PROPOSED PROJECT <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Start Date</td> <td style="width: 50%; text-align: center;">Ending Date</td> </tr> </table>	Start Date	Ending Date	14. ESTIMATED FUNDING <table style="width: 100%;"> <tr><td>a. Federal</td></tr> <tr><td>b. Applicant</td></tr> <tr><td>c. State</td></tr> <tr><td>d. Local</td></tr> <tr><td>e. Other</td></tr> <tr><td>f. Program Income</td></tr> <tr><td>g. TOTAL</td></tr> </table>	a. Federal	b. Applicant	c. State	d. Local	e. Other	f. Program Income	g. TOTAL
Start Date	Ending Date									
a. Federal										
b. Applicant										
c. State										
d. Local										
e. Other										
f. Program Income										
g. TOTAL										
12. J-1 DESIGNATION										
13. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES <input type="checkbox"/> If "Yes" attach an explanation NO <input type="checkbox"/>										

15. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of this applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Typed Name of Authorized Representative _____

Title _____

Telephone number _____ Date (mm-dd-yyyy) _____

Signature _____